

Fourth Kentucky Volunteer Infantry, Inc.

Name: _____ Age: _____

Address: _____

Date of Birth: _____ Current employment: _____

Home Phone: _____ Alternate (Cell/Work): _____

eMail Address : _____

Military Service (If Any): _____

Hobbies & Special Skills: _____

Are you willing to travel as part of the Unit to reenactments & other events out of state?
_____ Yes _____ No

Are you willing to follow the orders of the officers & NCOs elected over you, as long as such orders do not violate civil law or moral standards? _____ Yes _____ No

Have you ever been a member of any other reenactment or living history organization?
_____ Yes _____ No If Yes, state the organizations, dates, & locations:

Are you familiar with the care & handling of black powder firearms?
Yes _____ No _____

Having read the standard operating procedure & authenticity regulation, do you agree to abide by & support them?
Yes _____ No _____

Are you a convicted felon? Yes _____ No _____

I hereby agree and promise not to hold the Fourth Kentucky Volunteer Infantry, Inc., or any members thereof liable for any personal injury, property damage, or any other liability whatsoever arising from my participation in any activity of said unit, to include the use of black powder firearms.

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ (If applicant is under age 18)

Please complete & return this form, along with a check for \$10.00 (made payable to 4TH KY VOL. INF., INC.) to: Bill Neikirk, P.O. Box 814, Somerset, KY 42502. This fee covers recruit dues & newsletter subscription for the calendar year.

Please tell us where or from whom you obtained this form _____